

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF SOCIAL SERVICES

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June 10, 2019

ALL COUNTY LETTER (ACL) NO. 19-52

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY IEVS COORDINATORS

ALL COUNTY SPECIAL INVESTIGATIVE UNIT CHIEFS

ALL COUNTY CONSORTIA MANAGERS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CONSORTIA PROJECT MANAGERS

ALL QUALITY CONTROL PROGRAM COORDINATORS

SUBJECT: INCOME AND ELIGIBILITY VERIFICATION SYSTEM: NEW HIRE

REGISTRY MATCH, NOTIFICATION OF NEW EMPLOYMENT

FORM (SAWS 30)

REFERENCE: SOCIAL SECURITY ACT SECTION 1137; 7 CODE OF FEDERAL

REGULATIONS (CFR) 272.8, 7 CFR 273.18(d)(1), 45 CFR 205.56(a)(1)(iv), 45 CFR 233.20(a)(13)(i)(E); WELFARE AND INSTITUTIONS CODE (W&IC) SECTION 10980; MANUAL OF POLICIES AND PROCEDURES (MPP) SECTION 20-006.421; ACL NO. 17-41 DATED JUNE 6, 2017, ACL NO. 18-22 DATED

MARCH 27, 2018

The purpose of this ACL is to provide County Welfare Departments (CWDs) with a new form, the Notification of New Employment (SAWS 30). The SAWS 30 will serve as a notification letter and Income Reporting Threshold (IRT) reminder for CalFresh and California Work Opportunity and Responsibility to Kids (CalWORKs) recipients who recently became employed. The CWDs must utilize the SAWS 30 in response after receiving the Income and Eligibility Verification System (IEVS) New Hire Registry (NHR) match.

Background

Legislation enacted in 1992 (AB 836) required employers to report every newly hired or rehired employee to the Employment Development Department (EDD) NHR. In 1994, Legislation allowed CDSS access to the NHR match for the purpose of verifying employment of CalFresh and CalWORKs recipients. CDSS began processing the NHR match in September 1996 as part of the IEVS.

The IEVS is a series of manual and automated matches that county staff process throughout the year to verify information reported by CalFresh and CalWORKs recipients. The NHR match runs CalFresh and CalWORKs recipient information against EDD NHR to produce the NHR abstract. The NHR abstract is provided to the CWDs as part of the IEVS. The IEVS provides county staff with information from external data sources to assist in the continued determination of a CalFresh and CalWORKs recipient's eligibility.

Summary of the SAWS 30 Form

The SAWS 30 will be sent for all NHR matches to satisfy the 45-day client verification letter requirement in accordance with <u>ACL No. 17-41</u>. The purpose of the SAWS 30 is to remind the recipient of their household's/assistance unit's IRT, and also provide an opportunity for the recipient to report income over their IRT.

The SAWS 30 does <u>NOT</u> require a recipient response. Due to the absence of income, wage, and/or asset information from the NHR match, **no** Overpayment/Overissuance (OP/OI) can be established. The quarter after quarter claims establishment rule, as referenced in <u>ACL No. 17-41</u>, does not apply to the NHR match. Furthermore, CWDs must not contact third-party and/or income/benefit sources to verify information obtained from the NHR match. For example, CWDs must not contact the employer or use the Work Number to verify information as a result of the NHR match.

As a reminder, Senate Bill (SB) 360 amended portions of the <u>Welfare & Institutions</u> <u>Code (W&IC) Section 10980</u>, limiting the timeframe for pursuing criminal prosecution for CalWORKs and CalFresh OP/OI's. The timely processing of the NHR match ensures counties are in compliance with the amended <u>W&IC 10980</u>. Please refer to ACL No. 18-22 for additional information regarding SB 360.

Implementation

CDSS will work with the consortia to automate the SAWS 30. Until the automation for the SAWS 30 is complete, CWDs can continue to use existing notifications (i.e. VER 200 C-IV). The SAWS 30 does not replace any existing IRT notification forms required for the CalFresh or CalWORKs programs.

Substitutes and Overprinting

Substitutes and overprinting modifications are not permitted. Overprinting modifications for purposes other than those specified under MPP §23-400.211 must be pre-approved by CDSS before use of the forms by CWDs.

Camera Ready Copies and Translations

For a camera-ready copy in English, contact the CDSS Forms Management Unit at fmudds@dss.ca.gov. You may obtain this form from the CDSS webpage at: http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program.

When all translations are completed per MPP §21-115.2, they are posted on an ongoing basis on the CDSS webpage. Copies of translated forms can be obtained at: http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications.

For questions on translated materials, please contact the CDSS Language and Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the <u>GEN 1365 – Notice of Language Services</u> and a local contact number.

In the event CDSS does not provide translations of a form, it is the CWD's responsibility to provide interpreter services if an applicant or recipient requests them. In addition, the CWDs shall ensure that individuals with disabilities are provided services, such as auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision or manual skills where necessary. More information regarding translations can be found in MPP §21-115. The CWDs must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

This ACL and other <u>CDSS Letters and Notices</u> are available on the internet at: http://www.cdss.ca.gov/inforesources/Letters-and-Notices.

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If you have any questions regarding this ACL, please contact the Automation, Integrity, and Client Initiatives Branch at (916) 653-1826.

Sincerely,

Original Document Signed by:

TODD R. BLAND Assistant Director Automation, Integrity, and Client Initiatives Branch

Attachment

State of California – Health and Human Services Agency

NOTIFIC	CATION OF NEW E	MPLOYMENT			
			Case	Name:	
			Case	Number:	
			Count	ty/Worker Name:	
			Count	ty/Worker Phone/Fax:	
			Date:		
			Questi	ons? Ask Your Worker.	
information	congratulate from state and/or federal age ur assistance in updating our				would like to
1. Ir	ncome Reporting Thresho	old (IRT) and Curre	nt Gro	oss Monthly Income	
	ike to remind you that you ha		•	•	TAL gross
	Benefit Type	CalWORKs		CalFresh	
	Family Size				
	Your IRT is				
2. If	Household's Gross Mon	thly Income is BEL	OW th	ne IRT	
TOTAL gros	sehold's TOTAL gross monthly ss income on your next Semi- nation, whichever comes first.	-Annual Report (SAR	•		usehold's
3. If	Household's Gross Mon	thly Income is ABC	VE th	e IRT	
If your hous	sehold's TOTAL gross monthly	y income is above the	IRT, p	lease:	
	(A) Call your county to provi page to make an appoin		you m	ay call the phone number at	the top of the
	(B) Mail us the information to	o the address below:			
	(C) Provide the information food and nutrition assist	•		y's mobile application for cas penefits; or	h aid,
	(D) Come in to any county of	office to provide the inf	ormati	on in person.	
If you do no	ot have this information, pleas	se get it from the follow	ving en	nployer:	
Emplo	yer Name:				
Emplo	yer Address:				
If you need	help getting this information	nlease contact us			

SAWS 30 (3/19) - REQUIRED FORM - NO SUBSTITUTES PERMITTED